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CONFIRMATION NO. 3020

<b>SERIAL NUMBER</b> 10/762,581	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 82402-10302
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/442,060 01/24/2003 *ESO*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none* *ESO*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 39	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 7
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35 USC 119 (a-d) conditions met  
☐ yes ☐ no ☐ Met after Allowance  
 Verified and Acknowledged  
 Examiner's Signature *ESO* Initials *ESO*

**ADDRESS**  
 23529  
 AIR MAIL

**TITLE**  
 Methods of treating inflammation

<b>FILING FEE RECEIVED</b> 622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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